



04-30297

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CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

May 18, 2004

Cristine Vogel, Commissioner
State of Connecticut
Office of Health Care Access
410 Capitol Ave.
MS #13HCA
P.O. Box 340308
Hartford, CT 06134-0308

Dear Commissioner Vogel:

Attached is a Letter of Intent for the establishment of primary angioplasty at Lawrence & Memorial Hospital.

We are looking forward to working with your staff in the Certificate of Need process.

Please let me know if you have any questions or need additional information.

Sincerely,

Cynthia B. Kane
Executive Vice President and
Chief Operating Officer

Enc:

c: K. Cramer, Executive Director, Cardiovascular Services – Yale Heart Center



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**State of Connecticut
Office of Health Care Access
Letter of Intent/Waiver Form
Form 2030**

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	Lawrence & Memorial Hospital	
Doing Business As	N/A	
Name of Parent Corporation	Lawrence & Memorial Corporation	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	365 Montauk Avenue New London, CT 06320	
Applicant type (e.g., profit/non-profit)	Non-profit	
Contact person, including title or position	Cynthia B. Kane Executive Vice President & Chief Operating Officer	
Contact person's street mailing address	365 Montauk Avenue New London, CT 06320	
Contact person's phone #, fax # and e-mail address	(860) 442-0711 ext. 2071 FAX (860) 444-3741 CKane@LMHosp.Chime.Org	

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

Establish Primary Angioplasty at Lawrence & Memorial Hospital

b. Type of Proposal, please check all that apply:

☒ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:

☒ New (F, S, Fnc) ☐ Replacement ☐ Additional (F, S, Fnc)

☐ Expansion (F, S, Fnc) ☐ Relocation ☐ Service Termination

☐ Bed Addition ☐ Bed Reduction ☐ Change in Ownership/Control

☐ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

☐ Project expenditure/cost cost greater than \$ 1,000,000

☐ Equipment Acquisition greater than \$ 400,000

☐ New ☐ Replacement ☐ Major Medical

☐ Imaging ☐ Linear Accelerator

☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address):

365 Montauk Avenue, New London, CT 06320

d. List all the municipalities this project is intended to serve:

See attached project description.

e. Estimated starting date for the project: October 1, 2004

f. Type of project: one (Fill in the appropriate number(s) from page 7 of this form)

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

a. Estimated Total Capital Expenditure: \$ 0

b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$
Medical Equipment (Purchase)	
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	
Sales Tax	
Delivery & Installation	
Total Capital Expenditure	\$
Fair Market Value of Leased Equipment	
Total Capital Cost	\$ 0

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

c. Type of financing or funding source (more than one can be checked):

- ☐ Applicant's Equity ☐ Lease Financing ☐ Conventional Loan
☐ Charitable Contributions ☐ CHEFA Financing ☐ Grant Funding
☐ Funded Depreciation ☐ Other (specify): _____

SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Who is the current population served and who is the target population to be served?
4. Identify any unmet need and how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
6. What is the effect of this project on the health care delivery system in the State of Connecticut?
7. Who will be responsible for providing the service?
8. Who are the payers of this service?

If requesting a Waiver of a Certificate of Need, please complete Section V.

SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT

I may be eligible for a waiver from the Certificate of Need process because of the following:
(Please check all that apply)

- ☐ This request is for Replacement Equipment.
 - ☐ The original equipment was authorized by the Commission/OHCA in Docket Number: _____.
 - ☐ The cost of the equipment is not to exceed \$2,000,000.
 - ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

AFFIDAVIT

Applicant: Lawrence & Memorial Hospital

Project Title: Establish Primary Angioplasty at Lawrence & Memorial Hospital

I, William T. Christopher, President/CEO of
(Name) (Position – CEO or CFO)

Lawrence & Memorial Hospital being duly sworn, depose and state that the information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to the best of my knowledge, and that Lawrence & Memorial Hospital complies with the (Facility Name)

appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

William T. Christopher
Signature: William T. Christopher

5/18/04
Date

Subscribed and sworn to before me on May 18, 2004

Jacqueline E. Cooper
Notary Public/Commissioner of Superior Court
JACQUELINE E. COOPER
NOTARY PUBLIC
MY COMMISSION EXPIRES JUNE 30, 2008
My commission expires. 6/30/08

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Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Amuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical

SECTION IV. PROJECT DESCRIPTION

Proposal to Establish Primary Angioplasty at Lawrence & Memorial Hospital

This is a proposal to establish a permanent primary angioplasty service at Lawrence & Memorial Hospital, which will improve accessibility and reduce time to treatment to primary angioplasty for service area residents. The program will be developed and managed in a collaborative relationship between Lawrence & Memorial Hospital, Yale New Haven Heart Institute and the Yale School of Medicine

Primary Angioplasty will be performed in Lawrence & Memorial's existing cardiac catheterization laboratories by experienced interventional cardiologists on staff at Lawrence & Memorial Hospital and the Yale School of Medicine, on a 24-hour/7-day basis. The projected number of primary angioplasties to be performed at Lawrence & Memorial will average 60 per year for FY2005 through FY2008.

Currently, eight active cardiologists perform nearly 1,000 total diagnostic catheterizations in two laboratories on the main campus at 365 Montauk Avenue, New London, CT. The Lawrence & Memorial Hospital Emergency Department treats over 400 heart attacks annually. More than 200 patients diagnosed with acute myocardial infarctions are discharged annually and approximately 45 doses of thrombolytic medication are administered. Additional cardiac services provided include a direct fiber-optic video link between the Lawrence & Memorial catheterization lab and Yale New Haven Hospital, a 10 bed cardiac care unit, a 24 bed cardiac step down telemetry unit, cardiac rehabilitation, exercise stress testing, pharmacological and exercise nuclear stress testing, electrocardiograms and holter and event monitoring, echocardiograms, transesophageal echocardiograms, tilt table studies, pacemaker insertions, cardiac homecare, community education programs, and a paramedic intercept program.

The primary market service area consists of the towns of East Lyme, Groton, Ledyard, Lyme, Montville, New London, North Stonington, Old Lyme, Stonington, and Waterford. The Connecticut secondary service area consists of the towns of Bozrah, Colchester, Franklin, Griswold, Lisbon, Norwich, Old Saybrook, Preston, Salem, and Voluntown. The Rhode Island secondary market service area consists of the towns of Westerly and Hopkinton.

The proposal will increase access to primary angioplasty services for residents of Lawrence & Memorial's primary and secondary service areas. Currently there are no providers of primary angioplasty services within the primary and secondary service areas. The proposal will have minimal impact on the health care delivery system in Connecticut and payers for the proposed service will reflect Lawrence & Memorial's current payer mix.